Abortion in the International Context: Why, Who, and When?

Teresa DePiñeres, MD, MPH

Senior Technical Advisor Fundación Orientame and ESAR Assistant Professor

Obstetrics, Gynecology and Reproductive Sciences



advancing health worldwide™





Contraceptive Use and Unmet Need

Percentage of married or cohabitating women using a family planning method and the percentage with unmet need in less-developed regions and subregions, 2007

	Women using any family planning method (%)	Women with unmet need for family planning (%)
Developing regions	61.7	11.2
Sub-Saharan Africa	21.1	24.2
Africa	28	22.2
Eastern Africa	26.2	27.7
Middle Africa	18.6	22.8
Northern Africa	50.3	14.1
Southern Africa	58.4	16.2
Western Africa	14.5	22.2
Asia	67	9.2
Eastern Asia	84.8	2.3
South-Central Asia	54.2	14.6
South-Eastern Asia	60.7	10.4
Western Asia	54.4	n.a.
Latin American and the Caribbean	71.7	10.5
Caribbean	62.3	20.1
Central America	68.4	13.2
South America	73.9	8.5





Consequences of Contraceptive Failure

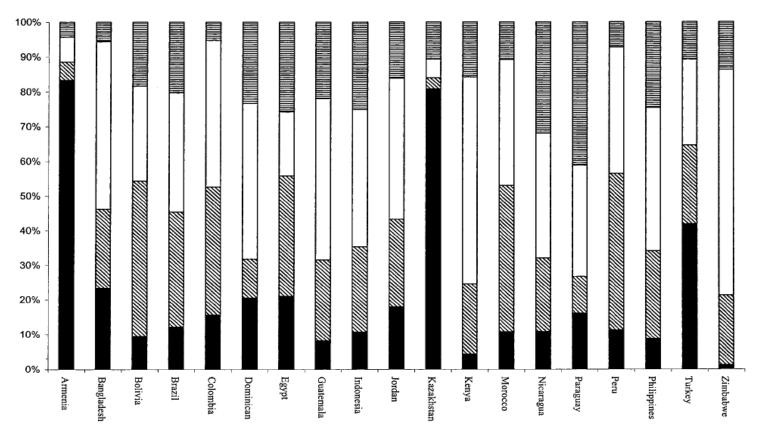
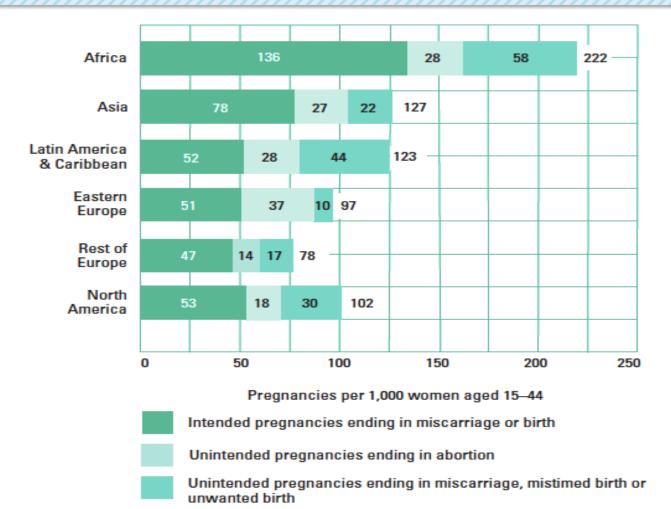


Fig. 2. Percentage distribution of reproductive consequences of contraceptive failure (per 100 episodes), by country. *Horizontal lines*, wanted live birth; *white bars*, mistimed live birth; *diagonal lines*, unwanted live birth; and *black bars*, fetal loss.





Pregnancy Outcomes by Region







What are the consequences of limiting access to a safe abortion?





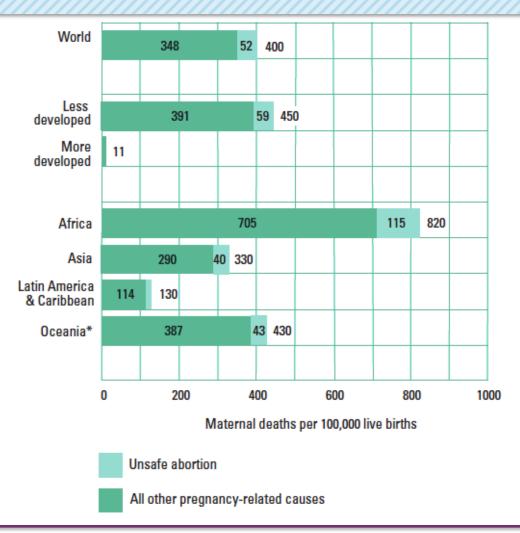


Unsafe Abortion is a Human Rights Issue





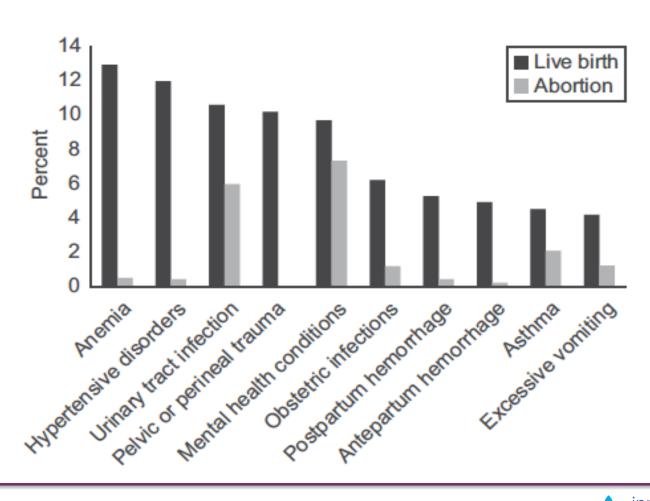
Maternal Deaths from Unsafe Abortion







Risks of Childbirth are Greater than Abortion







Abortion Rate Constant Regardless of Restrictions or Safety

Overall abortion rate by safety







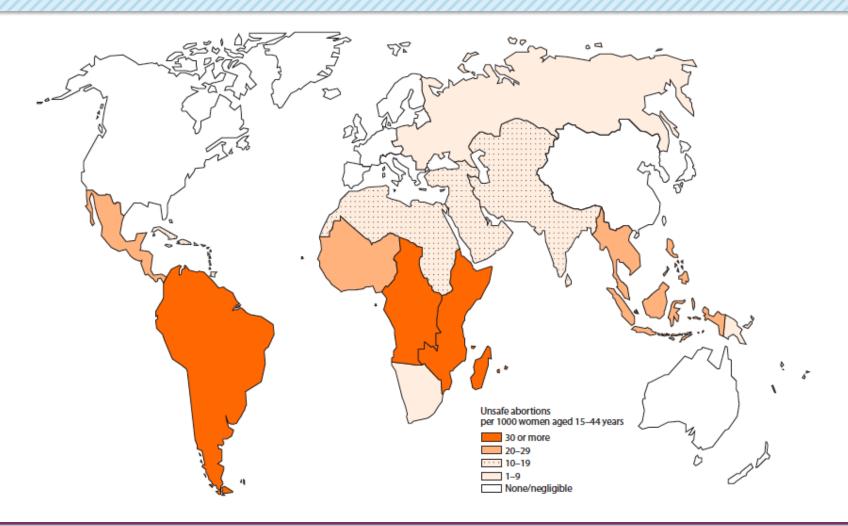
Abortion Restrictions Around the World







Unsafe Abortion Worldwide







Abortion Restrictions Make Abortion Unsafe

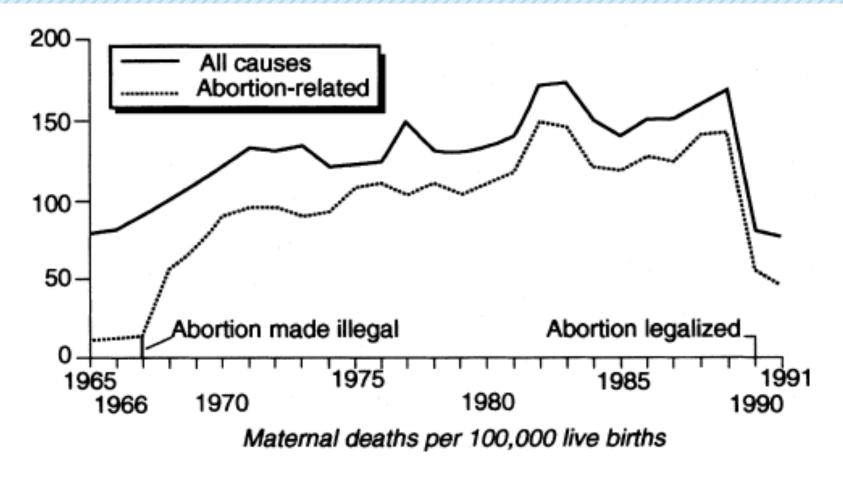


Fig. 6. Maternal mortality in Romania between 1965 and 1991





Legal Indications for Abortion







Colombian Abortion Law C-355/2006

Abortion decriminalized when:

- Risk to life or health of the woman
- Fetal anomaly incompatible with life
- Rape, incest, or unconsented artificial insemination





Barriers to Access

- Lack of access to information
- Blocking access to medications
- Requiring legal reporting or evidence of coerced sex
- Requiring unnecessary approvals or tests
- Unregulated conscientious objection
- Arbitrary gestational age limits
- Stigma, harassment, coercion, extortion





Take-Home Points

- About 50% of pregnancies are not intended
- Making abortion illegal does not make it go away, it only makes it unsafe
- While most countries have legal abortion, many women cannot access it
- Having an abortion is safer than carrying a pregnancy to term
- Restricting access to abortion hurts poor and vulnerable women, increasing social inequity and death





Women are not dying because of a disease we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.

Mahmoud Fathalla, President of the International Federation of Gynecology and Obstetrics (FIGO), World Congress, Copenhagen, 1997



